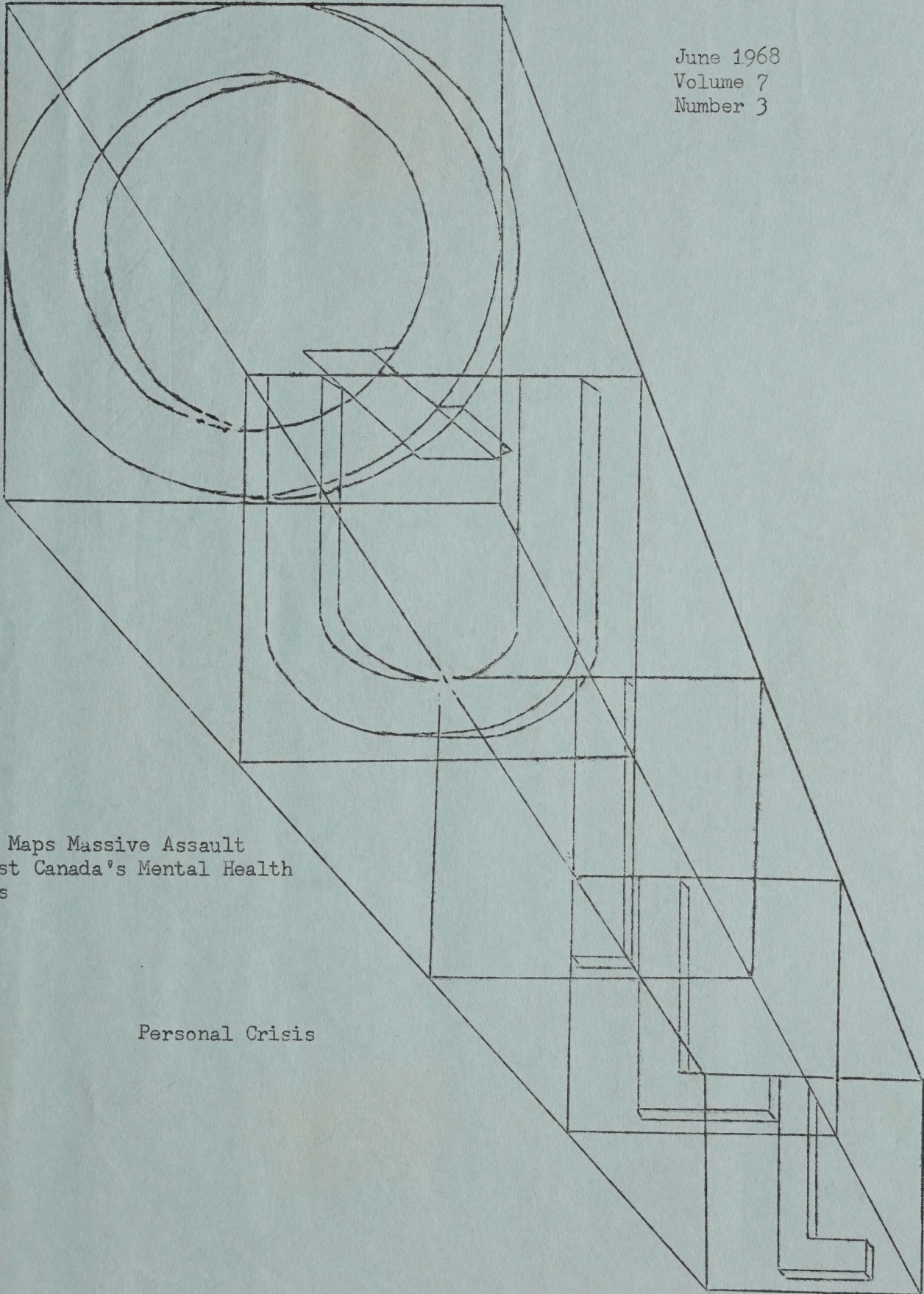


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June 1968
Volume 7
Number 3

Group Maps Massive Assault
Against Canada's Mental Health
Crisis

Personal Crisis



T H E Q U I L L

Volume VII, Number 2: June, 1968

Written by the patients, Oak Ridge Division, the Ontario Hospital

PENETANGUISHENE
ONTARIO, CANADA

Prepared and mimeographed by the patients of
The Typing and Printing Dept., Oak Ridge

THE OPINIONS EXPRESSED IN THIS MAGAZINE ARE DELIBERATELY OUTSPOKEN
AND DO NOT NECESSARILY REPRESENT THE VIEWS OF THE HOSPITAL ADMIN-
-ISTRATION OR THE EDITORIAL STAFF

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C O N T E N T S

<u>T I T L E</u>	<u>A U T H O R</u>	<u>P A G E</u>
Contents	Editorial Staff	
Open House	Staff Writer	1
F Ward - Our Community	Albert D. Salisbury	1
Why Punish The Offender? Why Not Treat Him?	David Dwyer	2
Personal Crisis	Keith Campsall	3
A Despairing Soul	Paul McGreal	4
Help	Edward Page	5
	William Sharpe	
Hope and Joy	Mrs. L. Lyon	6
	Cobourg, Ontario	
Car Theft	William Manone	7
Group Maps Massive Assault On	Canadian Mental	8
Canada's Mental Health Crisis	Health Association	
Sit Down Girl	John Willson	13
Room Without Darkness	John Ryan Freeman	14
Car Theft #2	Anonymous	16
2,587,641	John Ryan Freeman	16

O P E N H O U S E

Staff Writer

Last month we held our annual open house, which is designed to show the public and help them to understand what goes on inside Oak Ridge. Through May 5th, 6th and 7th over 1800 people flowed in and out of Oak Ridge interested in the various concepts of the hospital. The tour, led by patient guides, started through either G or H ward, and proceeded on down to the Industrial Therapy Department where the visitors were able to see patients in the process of making bowls, refinishing furniture, sewing aprons, etc. The group moved on to the chapel where there were various displays of all nature and kind. There was a short film depicting the Therapeutic Community programmes in Oak Ridge. The biggest attraction of all appeared to be the lecture and demonstration of Electro-Convulsive Therapy. Other displays were a photographic booth displaying pictures taken in and outside of hospital by a patient photographer, the refinished and finished work the people had seen being made in the Industrial Therapy Department. The Mental Health Association (Barrie Chapter) and the Alcoholics Anonymous also had displays, with various literature about them. Lastly but not least was the Occupational Therapy Department where the visitors were able to see various moulds of what would later become bowls, ashtrays, etc., as well as leathercraft, weaving and such other activities offered in Occupational Therapy.

And so ended another open house for Oak Ridge, and we are looking forward to next year when again we may be host to the public. Many thanks. It is our sincere hope that by opening our doors to them that they have gained a better understanding of Mental Illness, the Mentally Ill Offender, and the increasing emphasis that has been placed on the treatment of them here in Oak Ridge.

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F W A R D - O U R C O M M U N I T Y

By Albert D. Salisbury

It seems in our community,
We tend to be afraid,
We hate to admit our troubles,
And all the mistakes we made,
It's important that we be truthful,
As we meet from day to day,
There's no other way to success in treatment,
Truth is the only way.

People will surely not laugh at us,
If we open up our heart,
It's really the important beginning,
Of the community of which we're part,
Don't cause unneeded disruption,
Please read your papers through,
In this we'll forget life's corruption,
In reality we'll be true.

WHY PUNISH THE OFFENDER? WHY NOT TREAT HIM?

It is a sad state of affairs for the offender as he goes from institution to institution, training school to reformatory to jail. What does he learn? He learns that if he commits a crime again and is caught he will be removed from society again. Yes, as far as I am concerned, penal institutions serve only as a deterrent, nothing more.

Why are offences committed? I think a person, when he commits an offence, is trying to communicate something. In a sick way yes, but trying to communicate. He may be saying: He isn't satisfied. He is hostile. He resents authority. When picked up and asked why he committed the offence, he usually says he needed the money or it was done for kicks. These are just rationalizations. The real thing he is trying to communicate is what he feels.

Many offenders are very intelligent and appear to have a lot of insight into why they behave antisocially. For one who is not familiar with the psychopathic personality this insight may appear real. However, when these people return to society and get jobs they may do well - some for short periods, some for long. But sooner or later the psychopath will get upset and angry and he often expresses this by antisocial acts. By doing this he will throw away all he has worked for in the past period of time. When questioned he will appear to have a lot of insight but taking a look at his past record will show that this insight is meaningless. He doesn't really have the insight that he appears to have. His offences are repeated over and over again.

It is really sad to see such a person behind bars. He could like people and people could like him in return. But being honest in communicating to others your thoughts and feelings is an art. (Ed. note - I sometimes think it's an impossibility!)

If people really like and trust you and want to help you they will try to understand your feelings and thoughts. They may even come to accept you.

It is hard to change and it is a painful process. Finding out the truth about ourselves and trying to change our behaviour has its difficulties.

David Dwyer

PERSONAL CRISIS

A broad term, and no doubt one that means many different things to different individuals. I imagine when we think of personal crisis we usually relate it to someone else. I wonder how many of us fail to recognize our situation in this hospital as a personal crisis. Or perhaps, more important, our being here is the failure to resolve a crisis and this usually leads to a chaotic state of mind that enables any person under the proper circumstances to act out in a manner unacceptable to our social system.

Most anti-social acts can be traced back to an inability to communicate, to be able to talk about our hostility and our fear before it reaches a level of crisis.

There are many ways to describe a set of circumstances that could evolve in this manner, but I think the important thing is to recognize that each of us are in a very undesirable position. To put it bluntly, we're bugs and unless we are prepared to resolve something within ourselves we shall probably enjoy a long period away from society at the expense of the Ontario Department of Health.

I think the resolution of our personal crisis hinges around the simple word help, and the belief that help is honestly available to us in return. Many interpret help as an ideological thing such as the act of saving someone's life, perhaps this is part of it, but in our case it must be a simple direct act of giving understanding and accepting. The greatest return of this open and direct giving is the thought that a whole person has been saved, not just a life.

In my two months in the 'F' Ward Sunroom, I saw and was part of helping in many different ways to resolve personal crises. Can you who were not there imagine murderers, rapists, and arsonists caring for each other as they should be cared for.

Let us then redirect our thoughts to our illnesses, and our personal crisis, redirect our efforts to the resolution of these crises through the accepted manner of talking. It is a difficult resolution to make, for many of us have learned to protect our feelings and thoughts. The benefits of this resolution are obvious, though painful to achieve. It can be the beginning of a useful life in society with the greatest advantage being that the individual can have a healthy mind and body and be able to cope with his personal crisis.

Keith Campsall

A DESPAIRING SOUL

Who am I or what am I?
I do not know.
Only what I want to be,
I want to be myself,
But myself is hard to find.
My masks are many.
They hide me from you,
My real self is hidden from me.
You do not know me,
Only what I seem to be,
But what I seem to be
Is not my real self.
And only through you
Will I find out who I am.
Please help me distant
stranger.
My mind is in constant
turmoil,
But the search goes on.
Of all my quests,
I find this quest most hard,
The road is filled with tears
and sorrow.
For what end do I embark
Upon this voyage that pains
My heart and mind and soul?

The end is
Happiness.
Tis hard to lift my heavy
masks,
and leave them.
By the wayside.
With these masks I fooled
The world,
My games were all in vain,
For to fool the world
Is to fool oneself
Is to make existence futile.
It is to make life
A meaningless thing,
A meaningless life
Is sadness,
Oh I am very sad,
The obstacles are high,
And hard to overcome,
To face them alone
Is to face the impossible.
But with your help,
I could soar to the heavens,
With your help,
I could reach my goal-
Happiness.
Thank you,
Whoever you are.

Paul McGreal

* * * * *

H E L P

I guess that one of the major mistakes we make in life is the tendency to take things for granted. In the military there is a rule that goes - 'Familiarity Breeds Contempt'. This simply means that if the commanding officer got chummy with the troops, they might not act on an important order some day. This we believe to be true.

It is also true that we tend to take our lives for granted with people we know and love. Simply because we are so familiar with them. We are not here disrupting the therapeutic process, i.e.- that knowledge aids treatment of one another. What we are saying is that in fact if you do become knowledgeable and have a greater familiarity of your fellow pathology you become hampered by your knowledge. You begin to take for granted the pathology that there is and do not mirror it to the person.

The United States was formed during a time of world unrest and revolution. It was a new country without a long record of quiet distinction and with the same opportunities for everyone, with no laws written or unwritten that a man has to stay within his class. This gave everyone a vitality and the country a vitality not normally found in an older country. They coupled this with a large and unusually rich continent, this is why the United States and its people are a lot different than the rest of the world. Today, with some age and seasoning under their belts, you find the American people taking things for granted.

Just as a child raised in a wealthy family takes wealth for granted - they tend to believe that this is the normal, natural state of things. They simply do not try as a general rule to do anything about a situation they accept as normal.

This is also the case here. People involved in Therapy will tend to go along with it never questioning the authority or their patient groups. They let things go and are quite content to take it for granted and skate along.

Today if a man isn't happy with his lot in life, he has a tendency to turn to an organization for help. He somehow has begun to feel he is too small, too insignificant as an individual to do much. He is wrong. He can do something about his own life and if he doesn't he is missing most of the fun of living. Instead of taking life for granted, he should ask himself why he is living the way he is and whether he likes it or not? If he doesn't like his life, he should examine himself and ask himself just what he has done to make it better, or if he is waiting for something to happen.

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There is a lot more opportunity for the individual today than there has ever been in our entire history. It takes some very deep self-examination, it takes deciding what it is you really want and it takes the courage to do and go after it to make use of this opportunity.

I have heard that people say they cannot communicate with others or that others cannot come to them. They exclude themselves from participation outside of what they have to do. They take for granted they will be released.

Life is too short to be wasted because of a mistaken idea of security, the country is big and full of interesting pursuits but there is only one catch to it: We still have to earn the rewards we seek, individually earn them, - they cannot and should not be given to us.

Edward J. Page
William C. Sharpe

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HOPE AND JOY

When hope and joy are gone, and you
Grove in the darkness, may you live
To find a boundless strength,
Aware that God will somehow give
The courage to endure and wait
With patience, though the dawn is late.

Mrs. L. Lyon
Cobourg, Ontario

* * * * *

CAR THEFT

I was asked how I felt at that moment when I took a car. Through some deep thinking I remembered. It was almost three years ago, on a Friday morning at about 1:15 a.m. I was very much alone and you could say I was in the dumps. I was walking the streets looking for some kind of self-enjoyment. I walked from Queen and Young street all the way up to St. Clair and Avenue Road. I remember it was summer and quite warm out. The street lights were glittering in the dark. I saw an underground parking lot and decided to have a look down there.

At that time I was not thinking about taking any car, it was sort of out of curiosity that I went down there. I remember now that I didn't even bother to check and see if any one was watching me. I was surprised to see all those cars. There were about two hundred of them, all different shapes and sizes. I walked over to the first car and tried to open the door but failed. I guess I must have tried about twenty cars.

I was almost going to give up, when I saw this little M.G. sitting right in front of me. It was a bright red. Then I got that funny feeling to get behind the wheel. So I did. For about five minutes I was pretending that I was driving. It was nice, I felt comfortable, I wasn't bothered by anyone.

Just then I heard voices coming from somewhere. I got scared and crouched down as close to the floor as I could. It was funny, at that particular moment I started thinking about the people, I said to myself - "Oh, oh. What if they are coming to this car? - what if the guy who owns this car is going to get in and notice me lying on the floor?" Boy, was my heart ever pounding now. My mouth was dry and I was breathing as if I had just run the quarter mile. I was so scared that my body was shaking, I could hear my teeth rattle. Then I heard the people, a man and a woman, I could see they were both elderly. They got into the car that was parked next to the one that I was in. I just froze, I didn't want to let them see me or hear my breathing. It took the guy about three minutes to start his car, then I could see his car move. I guessed that he was going up the ramp before I got up from that crouched position.

I got out of that little car and my legs were numb and stiff. I walked around looking for a beautiful car and smoked a couple of cigarettes. By this time I was tip toeing around. I slid behind the wheel of a 1962 Chevrolet. Boy, was it nice, I thought it was swinging to be behind the wheel of a new car.

Just then I noticed the keys in the ignition. I asked myself five or six times, "Do you think you can drive this standard, Bill?" Then I sort of said out loud - "OK, let's give it a try." I turned the key on and the car started to hum. What a noise it was making! I wanted to get the car moving so I try to shift gears. I put my foot on the clutch and pulled the bar up. Then I put my foot on the gas peddle. All of a sudden the car shot back. Smash,

it hit the wall and what a hell of a noise it made. After a few tries I finally found forward and put my foot on the gas again. The car moved forward, this time just a couple of feet, then it stalled. I said, "Oh, damn it, I can see that I can't get you any where."

Then I opened the car door and walked to the back of the car. Both tail lights were pushed right in. The bumper was half hanging off, the trunk was almost wrapped around the rear window. I wondered if I did all that mess. "No, I couldn't have. It was probably like that before I got in." My head was bleeding, I hadn't noticed it before. "That damn car." I was so mad that I put my fist through the window. Now that started to bleed so I got up on the hood of the car and put my foot through the windshield. Then I very calmly walked out of the underground parking lot door and went home to bed.

The next morning I didn't even think about smashing that car up. It didn't even dawn on me one bit. And that is the last I ever thought about that. Up to now I had forgotten.

Now that I think about it I know I shouldn't have even tried to take that car, never mind smashing it up. If they could have caught me for that I could have got two or three years! Boy, was I awful stupid then. Maybe I still am.

William Manone

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GROUP MAPS MASSIVE ASSAULT ON
CANADA'S MENTAL HEALTH CRISIS

A group of experts who believe Canada faces a potential mental health disaster took the first step toward a massive rescue operation. The National Scientific Planning Council of the Canadian Mental Health Association, which mapped the drive during a two day session at the Clarke Institute of Psychiatry, believes it will affect the health of 30% of Canadians and the education of everyone.

It's aim: To make Canadian communities as aware of mental illness as they are of measles -- and as well organized to deal with it.

Dr. J.D. Griffin, executive director of the association, termed it a "vast and difficult job." But unless it is done the council believes Canada will face a health disaster. Between 25 and 30 per cent of the population now suffers from psychiatric disorders and emotional distress severe enough to require medical treatment. Dr. Griffin also said that, many of these people who are distressed don't primarily need a doctor. They don't consider themselves ill; but they are crumbling under the pressure of family tensions or poverty or loneliness.

In fact, the council began such a program in 1967 through a 36-page report to the Cabinet of the Government of Canada which has been compressed by our editorial staff with significant lift-offs contained herein.

BASIS OF SUBMISSION

The Canadian Mental Health Association is committed to promote development of exemplary psychiatric and mental health services for all residents who require and can benefit from such treatment; to foster and support scientific research into the causes and treatment of mental illnesses; to sponsor procedures known to be helpful in preventing mental disorders.

* * * * *

A Submission to the Cabinet of the Government of Canada
-- by the Canadian Mental Health Association 1967 --

THE SIGNIFICANCE OF MENTAL ILLNESSES

1. Official statistics released by the federal government reveal a constant number of more than 75,000 patients under the care of Canadian mental hospitals. Mental illnesses account for 41.6% of hospital-patient days per year. Scientific studies carried out in Canada and the United States indicate the high probability that up to half a million Canadians are seriously incapacitated through mental illnesses of various kinds.
2. A defensible estimate indicates that at least seven million people suffer at any one time from partially disabling emotional disorders, psychosomatic indispositions and the various kinds of personality dislocations and deviations of a type which frequently respond to modern professional help. It is now believed that the commonly-used prevalence rate for mental illnesses of 10% of the population is an under-statement.
3. Although it is foolish to regard all instances of mental and social maladjustments as problems which can be treated only by psychiatric specialists, there is good evidence that a mental illness component exists in many cases of industrial absenteeism, marital discord and broken homes, alcoholism, crime and delinquency.
4. In the absence of specific figures we once estimated that the cost of the mental illnesses in Canada - medical and social services, lost time and production - would amount to \$500 million a year. Since then, British estimates based on much more accurate data than is available in Canada, place the cost of mental illnesses at between 1.6% and 1.9% of the Gross National Product. Applied to Canada this would show the cost to exceed \$600 million annually.

IT IS CLEAR THAT BOTH IN TERMS OF THE NUMBER OF PEOPLE
AFFECTED AND THE COST TO THE NATION, THERE EXISTS A
----- NATIONAL PROBLEM OF MAJOR PROPORTIONS -----

5. It is imperative that governments at all levels give bold, vigorous leadership to this problem. Ways must be found to cross the confining constitutional jurisdictions and restrictions that serve little purpose beyond prolonging and deepening the problem. Federal fiscal policies relating to mental health services should be designed according to the magnitude and the urgency of the problem.
6. Without making odious comparisons we must still draw attention to the dramatic program that was introduced by the late U.S. President, J.F. Kennedy, which successfully bridged the constitutional barriers existing there as they do in Canada, and which overcame the lethargy brought on by stigma and disinterest.

UNDERLYING PRINCIPLES

7. The first principle on which this submission is based is that mental illness is indeed an illness. As such it SHOULD BE DEALT WITH.

Specifically, therefore, the federal government should take action to cope with this problem on a number of fronts simultaneously:

- a. Provide a realistic increase in the number and size of training bursaries for students taking training in the various mental health professions.
- b. Provide substantial assistance to expand the numbers and variety of educational and training centers for such personnel.
- c. Collaborate with national professional and voluntary associations in providing short orientation and skill training for the related but non-mental health professions (general practitioners, clergy, teachers, public health nurses).

Research: Basic to the increase in the number and variety of training programs for mental health professionals is the acquisition of competent teaching staffs in the psychiatric departments of our mental schools. We are losing these because Canada's research program in mental health and illness is not developing adequately. A challenging and well financed research program is essential to the development and retention of such teachers. The original stimulus to research provided by the federal-provincial mental health grant program has almost been lost. While the Medical Research Council now is receiving increased funds these are not being reflected yet in increased research programs in the psychiatric and mental health fields. The total amount of money currently allocated to medical research in Canada (1966-67) is about \$21 million.

Although this is twice the amount available for medical research since 1962-63, the actual percentage of research money available for investigation into mental illness and health has dropped from 8.1% (1962-63) to 5.7% (1966-67).

The federal government therefore is urged to:

- a. Provide substantial and rapid escalation of facilities and support for research in the mental health field.
- b. Establish a Health Sciences Research Council for planning and development in collaboration with both the medical and the allied non-medical professions related to health and illness.

THE MENTAL HEALTH OF CHILDREN: Throughout its almost half century of existence the Association has been deeply concerned about the mental health of children. It is with satisfaction therefore that we note the recently announced annual federal grant for research and demonstration in this field. Most authorities agree that about 100,000 Canadian children are handicapped with emotional and mental illnesses of various types and degrees (as opposed to mental deficiency and retardation). Adequate assessment, diagnostic and treatment facilities are rarely available for these children, and there is in fact very limited knowledge about the forms of service that should be provided. Furthermore we believe that intensive work with disturbed children can provide us with many useful approaches to primary prevention. And this of course, should be the ultimate objective of any health and welfare program.

MENTAL HEALTH AND THE CRIMINAL The Association has frequently made representations to the Department of Justice concerning the criminal code and the penitentiary services. The issues which have concerned us over the years include the following:

- a. The procedures relating to a prisoner's fitness to stand trial;
- b. The question of "insanity" as a defence;
- c. The treatment of mentally ill inmates of correctional institutions;
- d. The matter of developing maximum security correctional institutions which may have a negative effect on the mental health of inmates;
- e. The treatment of drug addicts in custody;
- f. The obsolete terms that persist in the Criminal Code and the Penitentiary Act in relation to mental illness and the mentally ill person.

The Association recommends that a strong professional advisory committee be established in connection with the psychiatric treatment of mentally ill criminals in custody in penitentiaries. This advisory committee should work closely with the Division of Mental Health of the Department of National Health and Welfare. It should assist in the development of closer working relationships between the Canadian Penitentiary Services and the departments of psychiatry, psychology and the social sciences of Canadian Universities. Within an appropriate frame of reference concerning sessional indemnities and joint appointments, senior part-time professional staff can thus be recruited to strengthen the mental health services in penitentiaries.

REHABILITATION: As psychiatric treatment improves, many hundreds more patients annually will be striving to work through convalescence toward their re-establishment at home, in the community and at work. Many will need special assistance for this, including industrial re-training, and temporary sheltered work-shop experience. There is confusion in some provinces over whether the responsibility for rehabilitation should be assumed by government welfare, health or labour administrations. Even education has an interest in terms of vocational training. There is need for an aggressive re-evaluation of this problem leading to the establishment of clear terms of reference in connection with responsibility.

IN THE SAME ORGANIZATIONAL, ADMINISTRATIVE, AND PROFESSIONAL
----- FRAMEWORK AS PHYSICAL ILLNESS -----

8. This principle enunciated in the five-year scientific study "MORE FOR THE MIND" means that the physical and personnel resources employed in psychiatric services should be comparable with those resources employed in other health services. The report of the Royal Commission on Health Services in Canada fully supports this stand against the medical "double standard".
9. Another principle is that PSYCHIATRIC SERVICES SHOULD BE REGIONALIZED AND DECENTRALIZED. The tradition of the large isolated mental hospital administered by a distant department of government is obsolete. Services must be made available locally and administered locally, similar to the patterns of administration in most local general hospitals. This allows for the necessary flexibility to meet unusual and varying situations and encourages a commendable local responsibility.
10. The third principle is that there should be a CO-ORDINATED NETWORK OF SERVICES SO THAT PATIENTS WILL HAVE CONTINUITY OF CARE. Since many patients suffering from a mental illness cannot be cured in the sense of overcoming a bacterial infection and are more like patients with diabetic or chronic heart disorders needing periodic assessment and adjustment of medication, it should be possible for service to be obtained through a co-ordinated program of inter-locking community functions.
11. Another important principle concerns THE CIVIL RIGHTS OF THE MENTALLY ILL. Through a number of provincial Acts,

some of the individual's most fundamental civil rights are abrogated when he is admitted to a mental hospital. It is submitted that such abrogation grows out of, or is reinforced by, obsolete concepts contained in federal laws and regulations, as for example, the current immigration and citizenship legislation.

12. Finally there is the principle of leadership through PROVIDING PATTERNS AND GUIDELINES FOR EXEMPLARY MENTAL HEALTH SERVICES which, by implication, is the responsibility of the federal government. Traditionally, federal government leadership has been exercised with good effect in several types of health services in Canada. This has been demonstrated, for example, through the hospital services for veterans, Eskimos and Indians; the public health, mental health and research grants; the hospital and medical care insurance programs; the Royal Commission on Health Services and many other programs and activities.

13. It is submitted that the provincial governments often look to the federal health authorities for guidance, evaluation, demonstration and financial assistance. The opportunity for and the responsibility of the federal government to provide such services is undeniable.

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SIT DOWN GIRL

By John Willson

Better sit down girl,
I'll tell you why girl.
You might not understand girl
But give it a try girl.

Oh yes I'm going away.
No I'm not mad girl.
It's hard to say why.
The judge and I girl,
Don't see eye to eye.

I know you don't want this, neither do I.
But sometimes things happen that I can't
foresee.

Now try to calm girl

and don't look so sad.

Just cause I am leaving

I'll still be your man.

Just remember I love you

And though I'm not here.

Just call if you need me

And I'll always be near.

Well I have to go now

So kiss me good-bye.

My eyes are just red girl

"But" I'm too big to cry.

ROOM WITHOUT DARKNESS

When I went to the sunroom on October 16, 1967 I expected to be spending a few months without the necessities of life, - radio, tape recorder, bed, books. What I got very nearly drove me to distraction. It wasn't so bad having to sleep on the floor on a mattress with untearable blankets but then, to add a little more weight to that mild discomfort, it was decided that the lights were to be left on! I've slept with night lights on before but this was ridiculous - there was at least 600 watts worth glaring down at me. It didn't do much good to cover my head because the untearables were too light to provide much darkness.

So the greater part of my first night was spent searching in vain for darkness. Just as I was dropping off to sleep something shook me violently, I looked up into the face of one of my fellow victims - it was time for my shift of observing - oh well, so much for sleep.

The next day, our first full one in the sunroom, the full effect of that areadful combination, Trilafon-Mellaril began to set in. We had been put on it to soften the effects of moving from the relatively open setting of G ward to the closed one of the F ward sunroom.

Well, it softened things alright, the last thought to enter my mind was suicide -- I was too preoccupied with staying awake to worry about that. It's bad enough not being able to do anything but sit because you're too baffled to move, but then to be told that there would be no hot showers because the medication

combination mixed with hot water might make us faint too much. We took three showers a day at that time - all cold, ice cold! I was forced to suffer this situation for a month before we were cut off. And suffer I did! I'd step quickly into that icy shower and be frozen to immobility for a few seconds and then leap from under the torturous spray covered in goose bumps and holding one hand on top of my head and one on my chin to keep my teeth from chattering themselves to pieces. The rack was never like this!

One day some ding-bat got mad at another guy and threw his shoe at him. What happened as a result of this? Well, to start with the guy who threw the shoe was put on cuffs and then came the general ruling - no more shoes in the sunroom! We were to run around like a bunch of Buddhists in our stocking feet. Like a true schizophrenic I suffered in silence, but my mind was at work - I fantasized Dr. Barker wearing khakies, sleeping on the floor, medicated with Trilafon-Mellaril, padding around with no shoes and (the best for the last) taking three icy showers a day!

For the first little while we ate our meals with steel spoons. Then somebody stole a spoon. An immediate search was held and two more after that - no spoon. Then some bright fellow checked the open drain in the washroom - there was the spoon. The next day we lost our spoons. That little episode came to be known as the "Old Spoon in the Drain Trick." Have you ever tried to eat jello with a flat wooden spoon? No? Try it sometime; its one of the most discouraging and frustrating things imaginable.

Then there was the week I was on drugs. I hadn't slept for 96 hours, I hadn't eaten for four days,* one would think it was enough that I should have a cold to boot.

It should also be added that there was more than just physical discomfort for the people who lived without darkness for four months in that 40 x 12 foot room. There was also the psychological discomfort; the pain and anguish of being confronted with an often horrifying part of oneself, seeing people sit alone with no one to talk to and knowing that you couldn't let yourself get involved because it was too painful. Wanting to help someone you like but feeling you can't, and having nothing to do but think of yourself and the others around you - having no escape.

I don't think there was anyone who lived there those four months who didn't learn something about himself and the others, even if it was just that he hated them, but I suppose it will be a long time before we can see the true results of that "Room Without Darkness."

* Sleeplessness combined with Psychiatric drugs, Scopolamine and Methearine, was all part of an overall Defence Disrupting, Drug Therapy Program.

IS MYTHOLOGY HERE TO STAY?

CAR THEFT #2

Anonymous

I was broke at the time. What was I supposed to do? If you walk the street too much you get picked up for vag. So I took this car. I took it off the "King Eddy" parking lot. It was a Corvair "66". Maybe there would be something in it that I could sell. Anyways you can always get \$10 for a radio, maybe more if it's a good make.....

The reason that I took it was because when I am at home I talk about buying a car. My parents always say that I am not fit to handle a car. You know. So I take it out in vengeance by stealing a car. I hurt myself and my family. This is how I express myself. This is how I let them know how I feel.....

Usually, I just drive around a while, then park it somewhere. This time I made a left turn from University onto College. The guy in front of me had just done the same thing. A cop was behind, and he stopped me, not the other guy, but me. As soon as he told me to pull over, I got a sick feeling. I thought of speeding away, but I thought that I might kill myself or someone else. So I thought differently. I stopped the car and got out, they put the cuffs on me and away we went to #52 precinct. I was sick and scared. And that's the way it is.

2,578,641

It did not really matter how far or for how long he travelled, since his destination was already chosen and he could get there in many ways at any time he chose.

The subway was one of the new silver coloured high speed models. Inside it was pannelled in wood grain steel with black foam rubber bucket seats. The train flashed out of a tunnel and into the night. On one side and in the distance he saw twinkling lights of the sky-scrapers, closer at hand the dark facade of the brownstone tenements flashed by and were gone. On the left side the broad, muddy and polluted Steu river followed its sluggish coarse parallel to the tracks. The horn of a rust encrusted tug pierced the night as she made her way upstream. Ahead lay Steu station, it would do for a departure point. He knew he should get done before dawn and that was only two hours away. At Steu station

the train ground slowly to a halt. He stepped through the silver edged doors just as they were closing and made his way through the deserted station and up into the chill morning air.

Already the city was beginning to come to life, a garbage truck roared by heading for the dump. He made his way down the dark ill-lit street and turned left at the intersection. Above him stood an impressive steel structure. He looked around him and seeing that he had no observers, (is he a risk) started to climb the steep stone stairway. At the top he walked about fifty yards along a narrow iron-railed catwalk. Suddenly he heard the scream of a siren and looking back saw the twin beams of the prowler car as it raced towards him. He fell flat on his face on the catwalk and watched the car flash by below him. When it was gone he got to his feet and continued walking till he came to a huge steel column.

Going around to the right he found a little hatch and with silenced revolver shot off the lock. He opened the hatch and climbed through it into pitch darkness. He felt around for a moment and caught one of the rings. He began climbing. Soon his hand touched the top of the column. Another steel hatch opened with a push and fell back with a dull 'clung'. He lifted himself out onto the platform and closed the hatch behind him. He made his way along the catwalk and up the stairway at the end. He has reached his destination. He stood up and looked around him. In the east the sky was beginning to lighten and the early morning commuter train could be seen speeding early morning workers to the interior of the great city. The tenement houses were beginning to show signs of life. A prowler car roared past below him. He watched it, not hiding this time, feeling no need to. He looked once more to the east then turned and walked slowly across the platform and disappeared into the shadows.

Oh! I made a mistake in the title. It should be 2,578,641-1!

John Ryan Freeman

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